

# CLAIMS ONLY

SERIAL NO. *19056285* FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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48						
49						
50						
TOTAL IND.	<i>7</i>	<i>2</i>				
TOTAL DEP.	<i>21</i>		<i>2</i>	<i>2</i>	<i>2</i>	<i>2</i>
TOTAL CLAIMS	<i>23</i>					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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99						
100						
TOTAL IND.			<i>2</i>	<i>2</i>	<i>2</i>	<i>2</i>
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS